

4961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04963

Item 14, Film G182, 5/27/55

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <i>St. Mary's</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>California</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>St. Mary's</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>California</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		LENGTH OF STAY (in this place) <i>3 years</i>	
3. NAME OF DECEASED: (Type or Print) <i>Ernest Graham Adcock</i>		(First) <i>Ernest</i> (Middle) <i>Graham</i> (Last) <i>Adcock</i>	4. DATE (Month) OF DEATH: <i>May 20</i> (Day) <i>1955</i> (Year)
5. SEX: <i>M.</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Oct 29 1894</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Laundry</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Laundry</i>	9. AGE last birthday IF UNDER 1 YEAR Months <i>6</i> Days <i>21</i> Hours <i>6</i> Min. <i>00</i>
13. FATHER'S NAME: <i>Charles Adcock</i>		11. BIRTHPLACE (State or foreign country): <i>North Carolina</i>	12. CITIZEN OF WHAT COUNTRY: <i>U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>577018489</i>	17. INFORMANT & ADDRESS: <i>ER Nat Adcock 695 Connely Ave. San Bruno, Cal.</i>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>450.0</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO <i>Heart Failure</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
		(B) DUE TO <i>Generalized Arterosclerosis</i>	<i>5 years.</i>
		(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) OF INJURY <i>M.</i>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1, 1954</i> to <i>May 20, 1955</i> that I last saw the deceased alive on <i>May 20, 1955</i> , and that death occurred at <i>3:12 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Mr. H. Patrick</i> ADDRESS <i>M.D. Lexington Park Md.</i> DATE SIGNED <i>May 20, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>5/20/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Forest Lawn - Norfolk</i>	LOCATION (City, town, or county) (State) <i>Virginia</i>
DATE REC'D BY LOCAL REGISTRAR <i>5/21/55</i>	REGISTRAR'S SIGNATURE <i>Glen L. Hauser Jr.</i>	24. FUNERAL DIRECTOR <i>Jos. C. Mattingly</i> ADDRESS <i>Courtland</i>	

RECEIVED
BUREAU V. S.

MAY 24 1955

RECEIVED
BUREAU V. S.

MAY 11 1965

4963

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04965

Reg. Dist. No. 282

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY St. Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Rural HermanvilleLENGTH OF STAY
(in this place)
50 yrsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

William

(First) (Middle)

(Last)

4. SEX:

Male

Colored

6. COLOR OR
RACE:
(Specify)7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

Married

8. DATE OF BIRTH:

12/11/1876

9. AGE last birthday

78

IF UNDER 1 YEAR
yrs. Months Days Hours Min.

5

18

IF UNDER 24 HRS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Farm

10B. KIND OF BUSINESS
OR INDUSTRY:

Day Labor

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Joseph Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) --- --- --- ---

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

(A) DUE TO

Heart failure

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S)

(B) DUE TO

Hypertension

1 week

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C) DUE TO

Generalized arteriosclerosis

5 years

10 years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949 to May 29, 1955 that I last saw the deceased
alive on May 27, 1955, and that death occurred at 805A M, from the causes and on the date stated above.
SIGNATURE *John J. Palmer* ADDRESS *Lexington Park Md.* DATE SIGNED *5-29-55*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

6/1/55

NAME OF CEMETERY OR CREMATORIUM

Holy Face

LOCATION (City, town, or county) (State)

Great Mills

Maryland

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR
ADDRESS5/31/55 *Glen L. Hauser Jr.*

Jos. C. Mattingley Leonardtown, Md.

BUREAU V. S.

JUN 1 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04966

4964

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

COUNTY *St. Marys* MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) LENGTH OF STAY
 TOWN *Bush Wood* (in this place) *2 years*
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Md* COUNTY *St. Marys*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN *Bush Wood* (If rural give location)

3. NAME OF
 DECEASED:
 (Type or Print)

(First) *James* (Middle) *Walter* (Last) *Lacey*

4. DATE (Month) (Day) (Year)
 OF DEATH: *May 9 1955*

5. SEX: *Male* 6. COLOR OR
 RACE: *White* 7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify) *MARRIED*8. DATE OF BIRTH: *Dec 24 1900*

9. AGE last birthday
 IF UNDER 1 YEAR
 yrs. *54* Months *4* Days *15* Hours *15* Min.

10A. USUAL OCCUPATION (Give kind of
 work done during most of working life,
 even if retired): *Tent Farmer*10B. KIND OF BUSINESS
 OR INDUSTRY: *Mercantile*

11. BIRTHPLACE (State or foreign country): *Md St. Marys U.S.A.* 12. CITIZEN OF WHAT
 COUNTRY?

13. FATHER'S NAME: *James Lacey*14. MOTHER'S MAIDEN NAME: *Eddie Farrell*15. WAS DECEASED EVER IN U.S. ARMED FORCES
 (Yes, no, or unk.) (If Yes, give war or dates
 of service) *Q*

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION
 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH*443X*

IMMEDIATE CAUSE

BUSHWOOD MD

INTERVAL BETWEEN
 ONSET AND DEATH*1 hr.*

ANTECEDENT CAUSE (S)

(A) DUE TO

Cerebral Hemorrhage.

(B) DUE TO

*Hypertension Cardio-vascular disease**10 yrs.*

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
 INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED
 While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 4, 1955* to *May 9, 1955*, that I last saw the deceased
 alive on *5 May, 1955* and that death occurred at *10:30 A.M.* from the causes and on the date stated above.
 SIGNATURE *Joseph E. Bell* ADDRESS *Leonardtown, Md* DATE SIGNED *5/10/55*

23. BURIAL, CREMATION, DATE THEREOF
 REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Burial May 11-55

*Sacred Heart**Bush Wood Md*

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/10/55

Almond House for C. Wallingley Leonardtown Md

RECEIVED
FBI BUREAU NEW YORK

MAY 12 1955

4965 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

I. PLACE OF DEATH:

COUNTY St. Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWNLENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Route 2353. NAME OF
DECEASED:
(Type or Print)

JOHN

(First)

(Middle)

(Last)

LANCASTER

4. DATE
OF
DEATH

(Month) (Day) (Year)

5 16 19 55

5. SEX:
Male6. COLOR OR
RACE:
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Single8. DATE OF BIRTH:
11-27-19029. AGE last birthday:
52 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

Truck Driver

10b. KIND OF BUSINESS OR
INDUSTRY:
Truck Driver11. BIRTHPLACE (State or foreign country):
Charles County, Md.12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

John E. Lancaster

14. MOTHER'S MAIDEN NAME:

Sarah E. Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Mrs. Georgianna Boone -sister

18. MEDICAL CERTIFICATION 815 T St. S.W.

INTERVAL BETWEEN
ONSET AND DEATHI. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
353.3

Immediate cause

(a).....

DUE TO

Epilepsy

Antecedent cause(s)

Diseases or conditions, if any, (b).....

giving rise to the above cause DUE TO

stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
M. work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
5/17/5523. BURIAL, CREMATION,
REMOVAL (Specify)Burial
5-20-55

DATE THEREOF

5/21/55

NAME OF CEMETERY OR CREMATORIAL

Mt. Olivet

LOCATION (City, town, or county) (State)

Washington, D.C. (State)

DATE REC'D BY LOCAL
REG.

REG.

REGISTRAR'S SIGNATURE

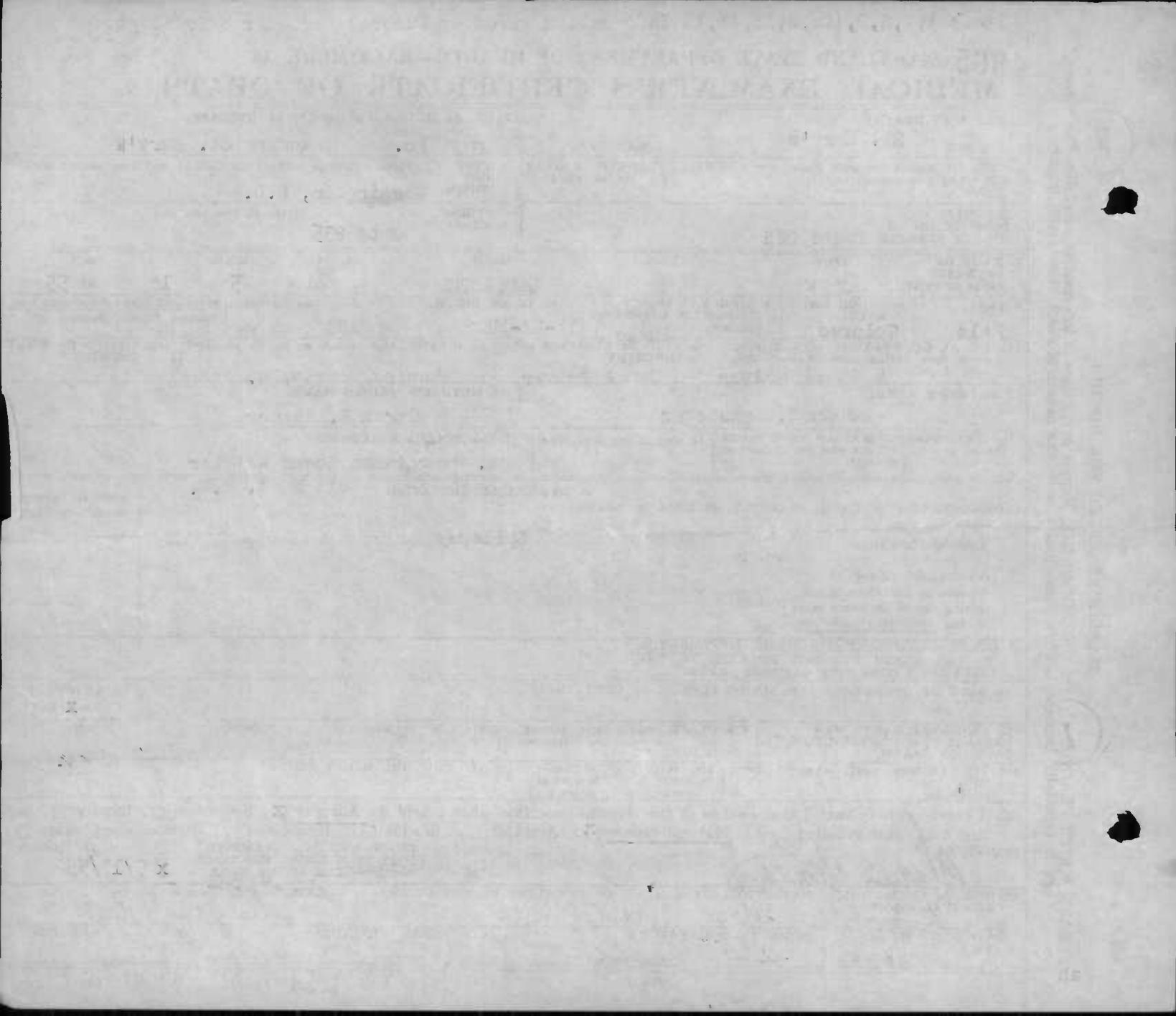
aw Hedrick

24. FUNERAL DIRECTOR

John E. Robison #75

ADDRESS

1313-6 81. N. 20. Wash. D.C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04968

282

4966

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY St Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Leonardtown

LENGTH OF STAY
(in this place)

25 Yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

78 Hospital St Mary's

3. NAME OF
DECEASED:
(Type or Print)

Benedict

Booth

(Last)

Love Jr.

4. DATE (Month)
OF
DEATH: May 14, 1955

5. SEX: Male

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Married

8. DATE OF BIRTH: August 22, 1901

9. AGE last birthday 53

IF UNDER 1 YEAR
yrs. 8 Months 22 Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Saleman

10B. KIND OF BUSINESS
OR INDUSTRY: Bottle Gas

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

Benedict B. Love Sr.

14. MOTHER'S MAIDEN NAME:

May Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) If Yes, give war or dates
of service

yes ✓ WORLD WAR I

16. SOCIAL SECURITY NO.

213-10-9793

17. INFORMANT & ADDRESS:

Katherine M. Love Leonardtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

IMMEDIATE CAUSE

(A)

DUE TO

cirrhosis of liver

INTERVAL BETWEEN
ONSET AND DEATH

1 year.

ANTECEDENT CAUSE (S)

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

anemia

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1955, to 5/4, 1955, that I last saw the deceased
alive on 5/3, 1955, and that death occurred at 6:00 A.M. from the causes and on the date stated above.
SIGNATURE *John* ADDRESS *6110 Park Rd. N.E. 51st St. N.W.* DATE SIGNED *5/5/55*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

5/16/55

NAME OF CEMETERY OR CREMATORI

St Aloysius

LOCATION (City, town, or county)

Leonardtown, Maryland (State)

DATE REC'D BY LOCAL
REGISTRAR

05/15/55

REGISTRAR'S SIGNATURE

Leonardtown, Maryland

24. FUNERAL DIRECTOR

Jos. C. Mattingley Leonardtown, Md. ADDRESS

BUREAU V. S.

MAY 18 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04967-82

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	MARYLAND	STATE	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY
X TOWN <i>Mechanicsville</i>	<i>45 years</i>	<i>Md</i>	<i>St. Mary's</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH:	
<i>August</i>		<i>Stasch</i> 5 1 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:
<i>M</i>	<i>W</i>	<i>Married</i>	<i>Jan 6 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.	
<i>farmer</i>		KIND OF BUSINESS OR INDUSTRY	75 yrs. 3 Months Days Hours Min.
13. FATHER'S NAME:		11. BIRTHPLACE (State or foreign country):	
<i>Unknown</i>		<i>Berlin Germany</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
<i>No</i>		<i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
<i>44-10-0000</i>		<i>August Henry Stasch</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
<i>151X</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S)		<i>1 year?</i>	
(A) DUE TO		<i>Carcinoma of Stomach</i>	
(B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
<i>1 Nov 54</i>		<i>Advanced carcinoma of stomach</i>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased alive on , 19....., and that death occurred at 3:45 A.M. from the causes and on the date stated above. SIGNATURE <i>J. Roy Guyler</i> ADDRESS <i>M.D.</i> DATE SIGNED <i>5/1/55</i>			
23. BURIAL OR CREMATION, DATE THEREOF REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
<i>Burial May 3 1955</i>		<i>St Paul Cemetery</i> <i>Baltimore, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
REGISTRAR <i>5/3/55</i>		F. C. Hollingsby <i>Leonardtown, Md.</i>	

BUREAU V. S.

MAY 6 1955

RECEIVED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Saint MARY'S</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>St. MARY'S</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
<input checked="" type="checkbox"/> TOWN <u>LEXINGTON PARK</u>		<input checked="" type="checkbox"/> TOWN <u>LEXINGTON PARK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>18 Lei DRIVE</u>		STREET ADDRESS <u>18 Lei DRIVE</u>	

3. NAME OF DECEASED: (Type or Print)		(First) <u>GEORGE</u>	(Middle) <u>Russell</u>	(Last) <u>STEWART</u>	4. DATE OF DEATH <u>5-25 1955</u>
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5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>8-7-1907</u>	9. AGE last birthday: <u>47</u> yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>PUMP OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>CIVIL SERVICE</u>	11. BIRTHPLACE (State or foreign country): <u>KANSAS City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13. FATHER'S NAME: <u>OLIVER P. STEWART</u>	14. MOTHER'S MAIDEN NAME: <u>UNKNOWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Y</u>	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: <u>—</u>	17. INFORMANT & ADDRESS: <u>Mrs. Deborah STEWART, LEX. PARK, Md.</u>
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18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>322.0</u> Immediate cause (a) <u>Respiratory depression</u> DUE TO <u>acute alcoholism while under morphine sedation</u>			
Antecedent cause(s) (b) <u>acute alcoholism while under morphine sedation</u> Diseases or conditions, if any, giving rise to the above cause DUE TO <u>stating underlying cause last</u> (c)			

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pulmonary tuberculosis</u>			
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19a. DATE OF OPERATION: <u>—</u>	19b. MAJOR FINDING OF OPERATION: <u>—</u>	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) <u>—</u>	(County) <u>—</u>	(State) <u>—</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5-27-55</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>R.P. Fisher</u>	CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	DATE SIGNED <u>5-25-55</u>
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23. BURIAL, CREMATION, REMOVAL (Specify): <u>CREMATION</u>	DATE THEREOF <u>5-27-55</u>	NAME OF CEMETERY OR CREMATORIAL <u>Wm. Lee's CREMATORY</u>	LOCATION (City, town, or county) <u>Washington, D. C.</u>	(State) <u>—</u>
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DATE REC'D BY LOCAL REG. <u>5-26-55</u>	REGISTRAR'S SIGNATURE <u>P. B. Robinson</u>	24. FUNERAL DIRECTOR <u>Leonardtown, Md.</u>	ADDRESS
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BUREAU V. S

MAY 81 1967

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4969

04971

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY *St. Mary's* MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 TOWN *Leonardtown* 23 days
 HOSPITAL OR STREET ADDRESS
 INSTITUTION OR *St. Mary's Hospital*
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNTY *St. Mary's*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN *Leonardtown*
 STREET ADDRESS

3. NAME OF (First) (Middle) (Last)

DECEASED:
 (Type or Print) *Mary William Swales*

4. DATE (Month) (Day) (Year)
 OF DEATH *May 1 1955*

5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH:

RACE: (Specify) *Female colored* WIDOWED, DIVORCED.

9. AGE last birthday *36*

IF UNDER 1 YEAR
 yrs. *11* Months *16* Days *0* Hours *0* Min. *0*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *nurse maid*

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): *Maryland St. Mary's*12. CITIZEN OF WHAT COUNTRY? *U.S.A.*13. FATHER'S NAME: *George Henry Swales*14. MOTHER'S MAIDEN NAME: *Emma Young*15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) *445X*16. SOCIAL SECURITY NO. *220-32-5893*17. INFORMANT & ADDRESS: *Mrs. Catherine Bowman Leonardtown*

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Uræmia

1 mo.

(A) DUE TO

Uræmia

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. *Malignant Hypertension*

1 y.

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

None

None

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify MEDICAL EXAMINER) *None*21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) *None*21C. WHERE DID INJURY OCCUR? *None*

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *None*21E. INJURY OCCURRED While Not while
 at work at work 21F. HOW DID INJURY OCCUR? *None*

22. I hereby certify that I attended the deceased from *4/16*, 19*55*, to *5/1*, 19*55*, that I last saw the deceased alive on *4/20*, 19*55*, and that death occurred at *6:20 A.M.* from the causes and on the date stated above.

SIGNATURE *John J. Swales*

ADDRESS *100 W. Lexington St. Baltimore, Md.*

DATE SIGNED *5/1/55*

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial 5-4-55 Owns Land

DATE REC'D BY LOCAL REGISTRAR *5/4/55* REGISTRAR'S SIGNATURE *John J. Swales*

24. FUNERAL DIRECTOR ADDRESS

Mulhern's Neck Leonardtown Md.

BUREAU V. S.

MAY 6 1955

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